DOCUMENT RESUME

ED 111 126 EC 073 440

AUTHOR	Britton, Alexander L.; Smith, Ruth
TITLE	Home/School Training Program for Family Care Home and Residential Home Personnel Serving Mentally Retarded Children. Final Report.
INSTITUTION	Intercommunity Exceptional Children's Home, Long Beach, Calif.
SPONS AGENCY	California State Dept. of Health, Sacramento.
PUB DATE	Jul 74
NOTE	8p.; Not available in hard copy due to legibility of original document
EDRS PRICE	MF-$0.76 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Exceptional Child Services; *Foster Children; *Institutes (Training Programs); Institutional Environment; *Leisure Time; Mentally Handicapped; Recreation; *Staff Improvement; Teaching Methods; *Trainable Mentally Handicapped; Workshops

ABSTRACT

A training project on programing activities for the trainable retarded was held for seven family care home operators and three paraprofessionals from residential institutions in California. Emphasis at the weekly sessions was placed on providing an appropriate environment and developing recreational, social, physical and academic skills in conjunction with special education administrators, teachers, principals, specialist consultants, and social workers. In general, program participants felt that the project was a success. (CL)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED111126

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

HOME/SCHOOL TRAINING PROGRAM FOR FAMILY CARE HOME AND RESIDENTIAL HOME PERSONNEL SERVING MENTALLY RETARDED CHILDREN

FINAL REPORT OF A DEVELOPMENTAL DISABILITIES PROJECT FEDERALLY FUNDED THROUGH THE CALIFORNIA STATE DEPARTMENT OF HEALTH UNDER PUBLIC LAW 91-517
PROJECT #629

Sponsored by Intercommunity Exceptional Children's Home
2666 Grand Avenue, Long Beach, California 90815

Prepared by: Alexander L. Britton, Ed.D., Project Director
Ruth Smith, Associate Director

Submitted by: Robert L. Pruett, Director
Intercommunity Exceptional Children's Home
July 15, 1974

EC 073440

During the initial years of the 1970's, the State of California witnessed a sharp decline in the number of school age mentally retarded children residing in state hospitals and a concommitant increase in those living in private family care homes or community based residential facilities. Many of these children have been enrolled in special education programs for the trainable mentally retarded conducted by local public school districts.

Generally, however, during post school hours these children tend to spend their time idle or in activities unrelated to their development or an educational program determined by their special education teachers. Retarded persons have been known to assume the role of spectator in recreation and leisure time activities. Much of their time is spent watching television, listening to the radio or in passive rather than active participation. Recently professional special educators have become aware of the significance of play in the training, therapy and education of the retarded (Morgan, 1966). The development of retarded children will be greatly enhanced if they are provided opportunities to learn skills necessary for individual, parallel, and group play.

It is essential that after-school home recreational, social, physical and educational activities be improved if mentally retarded children living in family care homes or residential facilities are to grow through the normalizing principle toward fulfillment as persons dependent upon their inherent potential. Presently in California pre-service or in-service training is limited for family care operators or residential facility personnel serving the mentally retarded.

This project was designed to demonstrate that with a minimum of time and effort, public agencies such as local school districts and public health departments, in cooperation with private residential facilities and family care operators can coordinate home and school environments and activities to greatly enhance the growth and development of mentally retarded school age children.

Training programs for parents of mentally retarded children which have been reported attend to skill development and the elimination of appropriate behaviors (Casse, 1968; Hirsch & Walder, 1969; Johnson & Brown, 1969; Terdal & Buell, 1969). Mamula (1970) reported that 15 mentally retarded children whose foster mothers were provided individualized developmental plans progressed more rapidly than a similar group of 12 retarded children whose foster mothers had no developmental plans. Zigler (Close, 1971) emphasized the need for additional love and parental skills on the part of foster parents and an opportunity to develop confidence in immediate decision making with regard to the retarded child are among the 13 rights of foster parents suggested by Garrett (1970).

This project was designed to assist 12 family care operators or para-professional personnel from residential facilities recommended by the Community Services Section of the Long Beach Office of the California Department of Health. An initial orientation meeting was conducted for family care operators and personnel selected by two local residential facilities; Mar Lynda in Lynwood, California, and Intercommunity Exceptional Children's Home (the sponsoring agency) in Long Beach, California.

As a result of that meeting, ten persons volunteered to participate as trainees in the project; seven family care operators and three para-professionals from the residential facilities.

A major quality of the project was cooperation between public school districts, the State Health Department, and the private sponsoring agency. The ABC, Bellflower, Long Beach, and Paramount Unified School Districts cooperated to provide personnel and support services to the project.

Prior to the training period, a non-standardized leisure time activity scale was prepared by the project staff with the assistance of consultants experienced in education and recreation for the retarded child. Pre-test behavior was recorded of children selected at random during visits to the homes and facilities of the volunteer trainees. Although the number of children served by the trainees totaled 232 with a range of 4 months to 18 years, the children selected as representative for pre and post test data numbered 18 and ranged from 5 years 6 months to 17 years 5 months with a mean of 12 years 5 months. All were in attendance in a local public school program for the trainable mentally retarded.

Originally designed to have the trainees assemble two mornings a week with one morning for a field visit and the other for discussion, the trainees decided however that one day a week was easier for them to attend. Hence, the sessions were conducted weekly from December through April. Visitations, workshops, or demonstrations were held in the morning and the group discussions were conducted during and after lunch. The lunch was provided by the sponsoring agency. The interest and wishes of the trainees were considered throughout the project. One family care operator was a Black American lady while the remainder of the trainees were Anglo. Initially two Mexican American ladies expressed an interest in the project but the lack of adequate bilingual staff precluded their participation.

Visits to five local special education schools for the trainable mentally retarded were hosted in five different school districts by building principals. At the request of the trainees, visits were conducted to a local sheltered workshop and a nearby state hospital for the retarded. Hence, the trainees were able to obtain a comprehensive view of programs for the trainable retarded in the community.

Workshops were conducted by specialists and the project staff in the following areas:

1. Legislation, especially as pertaining to family care homes;

2. Language stimulation, motor dexterity, and self-help skills;

3. Assessment tools; Vineland Scale for Social Maturity, Pre-School Attainment Record, Fairview Self-Help Scale and Training Guide;

4. Behavior Modification;

5. Recreational Activities and,

6. Sheltered Workshops.

In addition, a morning session was conducted after the field visits had been completed with the school districts' directors or coordinators of special education and building principals. A similar session was held with special class teachers who were relieved of their school responsibilities for the occasion by their building principals.

In all instances, the trainees were afforded and readily accepted the opportunity to be active rather than passive participants. The workshops, field visits, administrator or teacher sessions and the evaluation discussions were always lively, stimulating and filled with enthusiasm.

Final assessments of the selected children were completed during the month of June by a team comprised of the Associate Director, Mrs. Ruth Smith, the Project Consultant, Mr. Chester Taft and a graduate student from the Special Education Program at California State University at Long Beach, Ms. Cheryll Rogers. The following results indicate changes which were demonstrated by the target children with relation to the original stated goals in the areas of recreational, physical, social and academic activities on an individual and group basis:

1. Seventeen children demonstrated improvement in individual and group physical activities while one child exhibited regression;

2. Thirteen children exhibited growth in "in home" and "out of home" social activities while two evidenced no change and three were reported to have regressed;

3. Sixteen children demonstrated improvement in "in home" and "out of home" family activities, while one child remained the same and one regressed;

4. Although no formal reports were received concerning academic achievement, seven children were reported to have demonstrated significant improvement in school behavior with one child reported to be assigned to a program for the educable mentally retarded rather than be placed in a trainable program in the fall of 1974. No information was received from the participating school districts concerning the remaining children.

One child who demonstrated regression in all areas indicated above is a 16 year old microcephalic adolescent.

Significant changes were apparent in the homes of the trainees. One trainee had a carpenter construct storage bins, drawers and shelves in formerly unused space in her home for toys, books, games, etc., for four children. Appropriate scaled furniture was observed in one home which had originally been rated as rather sterile. One home visit disclosed the transformation of a former bare concrete driveway and patio area into a colorful recreation area with a scaled shuffleboard court provided for the children. One of the social workers had been considering recommending that the children be moved from the home of one of the trainees as they were inappropriately cared for and did not have adequate sleeping facilities; three being bunched together on a sleeping porch. During the period of the project this trainee convinced her husband to purchase a new home, colorfully decorate same, and provide an individual bedroom for each of the three children. One trainee enlarged her home to accommodate each of five children in an individual room with color coded furniture. Another adapted a bicycle for fixed exercise. In all instances children are now fed in the regular family dining area which was not the case in some families at the onset of the project. The general atmosphere in the homes improved considerably.

As the thrust of the project was home/school cooperation, both trainees and school personnel reported greater understanding of each other's problems and philosophies and demonstrated equal concern for the welfare of the children. As one building principal indicated "We want the foster parents to know that our doors are always open to them. How else can we help the children if we don't cooperate?"

Although mutual understanding between the trainees and the school personnel developed, the trainees recommended that natural parents also be involved in future training programs. The conflicts which may, for varied reasons, exist between family care operators and natural parents was the topic of many discussion sessions. The social workers from the Community Service Section of the Department of Health who attended each session on a rotating basis were helpful in this area. The supervising psychiatric social worker who participated in the field visits and some of the workshops also contributed to the discussions.

At a closing luncheon the trainees were given a printed certificate designating completion of the program. On a final evaluation form, all ten trainees rated the project as exceptional while eight indicated their desire to continue or

participate in an additional project the following school year. Their suggestions for another project were to include natural parents and to provide baby-sitters for those with younger children in the home.

In summary, seven family care operators and three para-professional personnel from two residential facilities serving 232 school age trainable mentally retarded children participated in a training project designed to assist them to provide an appropriate environment and desirable recreational, social, physical and academic activities correlated with the special education goals and objectives identified in public schools for said children. Public school special education administrators, teachers, building principals, specialist consultants, and social workers shared in weekly information workshops, discussions, and on-site visits to special classes and programs. Presently a post-test assessment of selected children is in progress in the trainees' homes and residential facilities.

In general, the project was deemed a success by the trainees, eight of whom wished to continue in the future. The project was summed up by the supervising psychiatric social worker of the Department of Health as resulting in "awareness" of each others' roles on the part of all the participants; school personnel, social workers, family care operators, etc. "They were all speaking the same language for a change for the benefit of the child."

The nature, extent, implications and results of this project have been shared with colleagues concerned with mental retardation via a panel presentation at the 1974 annual meeting of the California Federation of Councils for Exceptional Children in San Francisco in May and by a paper presented at the 1974 meeting of the American Association on Mental Deficiency in Toronto in June. Although the project will not be continued at Intercommunity Exceptional Children's Home, it is recommended that similar projects be undertaken by public schools and other community agencies interested in the mentally retarded.

REFERENCES

Casse, R., Jr. "The Professional's Responsibility in Aiding Parental Adjustment." Mental Retardation, 1968, 6(1): 49-51.

Close, K. "An Encounter with Foster Parents." Children, 1971, July-August, 138-142.

Garrett, B. "The Rights of Foster Parents." Children, 1970, May-June, 113.

Hirsch, I., & Walder, L. "Training Mothers in Groups as Reinforcement Therapists for their own Children." Proceedings of the 77th Annual Convention of the American Psychological Association, 1969, Vol. 4, Part 2, 561-562.

Johnson, S., & Brown, R. "Producing Behavior Change in Parents of Disturbed Children." Journal of Child Psychology and Psychiatry, 1969, 10(2): 107-121.

Mamula, R. "Developing a Training Program for Family Caretakers." Mental Retardation, 1970, 8(2): 30-35.

Mamula, R. "The Use of Developmental Plans for Mentally Retarded Children in Foster Family Care." Children, 1971, March-April, 65-68.

Morgan, C., et. al. Recreation and Physical Activity for the Mentally Retarded. Council for Exceptional Children and American Association for Health, Physical Education and Recreation, Washington, D.C., 1966.

Terdal, L., & Buell, J. "Parent Education in Managing Retarded Children with Behavior Deficits and Inappropriate Behaviors." Mental Retardation, 1969, 7(3): 10-13.